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4955 7590 09/10/2004

WARE FRESSOLA VAN DER SLUYS &
ADOLPHSON, LLP
BRADFORD GREEN BUILDING 5
755 MAIN STREET, P O BOX 224
MONROE, CT 06468
11/16/2004 ZJUHAR2 00000062 09776234

01 FC:1501 1370.00 OP
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Cathy Sturmer	(Depositor's name)
<i>Cathy Sturmer</i>	(Signature)
11.12.04	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09776,234	02/02/2001	Harri Holma	944-003.054	8148

TITLE OF INVENTION: METHOD AND SYSTEM FOR INTER-OPERATOR HANDOVER BETWEEN WCDMA AND GSM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	12/10/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
ELALLAM, AHMED	2662	370-331000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	Ware, Fressola, Van Der Sluys & Adolphson LLC 1 Bradford Green, Bldg. 5 2 755 Main Street P.O. Box 224 3 Monroe, CT 06468-0224
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Nokia Mobile Phones Ltd.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Espo, Finland

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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The Director is hereby authorized by charge the required fees or credit any overpayment, to Deposit Account Number **23-0442** (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature _____

Date **Nov. 11, 2004**

Typed or printed name _____

Kenneth Q. Lao

Registration No. **40,061**

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